

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Aavishkar Bharara :
Serial No.: 10/800,769 : Art Unit: 2194
Filed: March 15, 2004 : Examiner: Nguyen, Van H.
For: MULTI-TIER APPLICATION
ARCHITECTURE :
:

**Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pages)
Response to Non-Compliant Amendment (6 pages)

STATUS

2. Applicant claims small entity status.
 is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 120.00	\$ 60.00
<input type="checkbox"/> second month	\$ 450.00	\$ 225.00
<input type="checkbox"/> third month	\$ 1,020.00	\$ 510.00
<input type="checkbox"/> fourth month	\$ 1,590.00	\$ 795.00
<input type="checkbox"/> fifth month	\$ 2,160.00	\$1,080.00

Fee Due \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

- (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS		=	x \$25.00 = \$	x \$50.00 = \$
	MINUS		=	x \$100.00 = \$	x \$200.00 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$180.00 = \$	+ \$360.00 = \$
				TOTAL ADDITIONAL FEE \$	OR
					TOTAL ADDITIONAL FEE \$

- (a) No additional fee for Claims is required

OR

- (b) Total additional fee for claims required \$

FEE PAYMENT

5. _____ Attached is a check in the sum of \$_____

- Charge Deposit Account No. 01-2384 the sum of \$
A duplicate of this transmittal is attached.

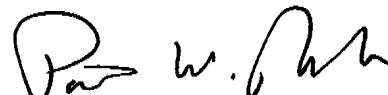
FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other:



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